2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P02000028111 SHARON D. GASKIN, INC. Principal Place of Business Mailing Address 585 GULLWING DR. PO BOX 622 VERO BEACH, FL 32968 VERO BEACH, FL 32961 04182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0570938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GASKIN, SHARON D DO NOT WRITE 3379 12TH ST. VERO BEACH, FL 32960 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Apont signature required when reinstature) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GASKIN, SHARON D STREET ADDRESS 3379 12TH ST., PO BOX 622 CITY-ST-ZIP VERO BEACH, FL 32961 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other time empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS